North Carolina

State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Treasurer Name: Committee To ELECT KAREN MOSTELLER FOR SOUTHPOIRT ALDERMAN

Treasurer Address: 310 N. ATLANTIC AVE.

(include city, state, & zip) SOUTHPORT, TC 28461

Treasurer Phone: 910 - 833 - 2633

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1.21.16

Date Signed

Signature

Do not use this form to update information 1. Committee Information 1. Committee Information 1. Committee Information 2. Full Name 2. Full Name 3. Period End Date 4. Period End Date 5. Treasurer Full Number 5. Treasurer Full Number 910-833-2 2. Report Year 3. Period Start Date (manifoly) 4. Period End Date 6. Type of Committee (Chock One) 9. Type of Report 1. Candidate Campaign Party Mauleleal 1. Status County 1. Page Status County 1. Propose 1. Account Information 1. Line Special 1. Date Place 1. Type of Fund (n/oppleable, check one) 1. Account Information 3. Number of Fundraisers this Report 5. Treasurer Full Nume 1. Account Information 8. Number of Fundraisers this Report 1. Account Information 8. Number of Fundraisers this Report 1. Account Information 8. Number of Fundraisers this Report 1. Account Information 8. Number of Fundraisers this Report 1. Account Information 8. Propose 1. Account Information 9. Propose 1. Account Information 1. Propose 1. Account Information 1. Account Information 1. Account Information 1. Propose 1. Account Information 1. Account Information 1. Account Information 1. Employee 1. Em	Disclosure Re	eport Cover						Amend		V N
1. Committee information	Use this form for ge	eneral report and committee	è informa	ation, must	be signe	d and s	submitted along with	other de	tailed forms.	
Committee to Elect Karen Mosteller for Southport Alderman Committee to Elect Karen Mosteller for Southport Alderman Committee (Check City, Saite and Zip Code) C. Posse Number C. Poss	TO HOU WIS TOTAL	in to aboute information	-							
Committee to Elect Karen Mosteller for Southport Alderman Difference of the Committee of City, State and Zip Code) Mailing Address (include City, State and Zip Code) John Atlantic Ave Southport, NC 28461 C. Period End Date (anadday) A. Period End Date (anadday) John Atlantic Ave Southport, NC 28461 C. Period Start Date (madday) John Atlantic Ave John Atlantic		mation								
Mailing Address (include City), Sinte and Zip Code) A Period End Date	one profile . Appendix					= 200		c. ID		
A. Date Pited A. Period End Date Canadady;	Committee to Elect	t Karen Mosteller for South	port Ald	erman					QDF21Z	
Southport, NC 22461 2. Report Year 3. Period Start Date (mw/6d/yy) 4. Period End Date (mw/6d/yy) 5. Treasurer Full Name 910-833-2. 2. Report Year 3. Period Start Date (mw/6d/yy) 4. Period End Date (mw/6d/yy) 5. Treasurer Full Name 910-833-2. 2. Report Year 3. Period Start Date (mw/6d/yy) 4. Period End Date (mw/6d/yy) 5. Treasurer Full Name 910-833-2. 3. Pype of Counsities (Check One) 9. Type of Report (check only one type of report from one category) 9. Type of Report (check only one type of report from one category) 9. Type of Report (check only one type of report from one category) 9. Type of Report 1. Seato-County 8. Referredum 1. Cypenizational	b. Mailing Address (incl	clude City, State and Zip Code)						d. Dr	ate Riled	
2. Report Year 3. Period Start Date (mm/sd/yy) 2. Type of Committee (Check One) 2. Type of Report (check only one type of report from one category) 2. Referendum Organizational Orga		_							ILL FIRE	
2. Report Year 3. Period Start Date (nm/dd/yy) 2. Report Year 3. Period Start Date (nm/dd/yy) 2. Report Year 3. Period Start Date (nm/dd/yy) 3. Period End Date 5. Treasurer Full Name 2. Type of Committee (Check One) 2. Candidate Campsign Perty Municipal Start County one type of report from one category) 3. Candidate Campsign Perty Municipal Start County Referendum Organizational Organiza	Soumport, NC 204	61								
2. Report Year 2. Period Start Date (mm/ddyy) 2. 10/19/2015 10/19/2015 1. 10/19/2015 2. Type of Committee (Check One) Condidate Campaign Perty PAC Referendum Dint Fundraiser Date Septembline Dint Fundraiser Dint Fundraiser Date Campaign Pro-question Dint Fundraiser Date Campaign Dint Fundraiser								c. Ph	one Number	
2. Report Year 2. Period Start Date (mm/ddyy) 2. 10/19/2015 10/19/2015 1. 10/19/2015 2. Type of Committee (Check One) Condidate Campaign Perty PAC Referendum Dint Fundraiser Date Septembline Dint Fundraiser Dint Fundraiser Date Campaign Pro-question Dint Fundraiser Date Campaign Dint Fundraiser									910-833-263	13
2015 10/19/2015 12/31/2015 Karen Elaine Mosteller	2. Report Year	3. Period Start Date (mm	/dd/yy)			ate	5 Treesurer Fu	II Name		
6. Type of Committee (Check One) 2. Type of Report Condidate Campaign Party PAC Referrendum Independent Independ										
Candidate Campaign							Raigh Diame Wi	OSTEILEI		
PAC Referendum Organizational Or	6. Type of Committee				rt (c	heck o	inly one type of repor	rt from o	ne category)	
Independent Joint Fundraiser Superintent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Pre-referendum Legal Expense Fund (// applicable: check one) Pre-pre-referendum Pre-pre-referendum Pre-pre-referendum Second Second Second Supplemental Find Supplemental Find Semi-annual Fourth Final F						State/	/County			
Lagal Expense Fund	Independent			-	l l				Organizational	
7. Type of Fund (#applicable, check one) Pre-primary First Supplemental Find S	-			Thirty-five da	ıy		Quarterly		Pre-referendum	
Booster Fund* Pre-election Second Supplemental Final Supplemental Final Special Sp			-							
Building Fund Building Fund Pre-tunoff Third Annual Special Spe		() upprication, crock one)	_			H				
Semi-annual Rourth Special Spe	Building Fund		片			H			Supplemental Final	
Mid Year Semi-annual Special Mid Year 10. Special Report			_							
Special Final Special Specia	M Other CAM	Onical							Special	
Special Final Special Specia	Ounce:	PAIGN	M		1			10. S _J	pecial Report Na	ıme
11. Account Information a. Financial Institution Full Name BB&T b. Purpose c. Account Code Campaign KEM d. Period Begin Balance \$ 500.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer FOR OFFICE USE ONLY Date Received: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Data Entered: Employee: BEUNSWICK COUNTY BOARD CERTIFICATION BEUNSWICK COUNTY BOARD CERTIFICATION BEUNSWICK COUNTY BOARD CERTIFICATION Special 11. Account Information a. Financial Institution Full Name d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance s 500.00 \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter s complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer FOR OFFICE USE ONLY Date Dat	8. Number of Fundr	misers this Report								1,0,0,0,0
11. Account Information a. Financial Institution Full Name BB&T b. Purpose c. Account Code b. Purpose c. Account Code campaign KEM d. Period Begin Balance \$ 500.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC state Board of Elections. ACCOUNTY Date Received: Employee: Date Date Date		Algeria cuita comunicati		poun						
a. Financial Institution Full Name BB&T b. Purpose c. Account Code b. Purpose c. Account Code c. Account Code c. Account Code d. Period Begin Balance s. 500.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections. Article USE ONLY Date Received: Employee: Date Postmarked: Employee: Date Date Scanned: Employee: Employee: BRINSWICK COUNTY BRINS					11. Ac					
D. Purpose Campaign KEM d. Period Begin Balance \$ 500.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC state Board of Elections. No Complete Printed Name of Signer Pr		all Name								
Campaign KEM d. Period Begin Balance \$ 500.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC state Board of Elections. Ar2+N										
CERTIFICATION Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections. Arch Moral Mail		c. Account Code			b. Purpo	ise		c. Acr	count Code	
S 500.00 CERTIFICATION It certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections.	Campaign	KEN	M							
S 500.00 CERTIFICATION Il certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections.		d. Period Begin Balance						4 Day	A. T. Walance	
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections. Arcen Month Printed Name of Signer Printed N					I				iod Begin Balance	
To certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC state Board of Elections. No Complete treasure	CONTRACTOR A TOTAL	900.00						\$		
Signature of Other non-disclosed funds. I further certify that this secomplete, true and correct and that I have been trained by the NC state Board of Elections. Ar2			•.•							
Signature of Other non-disclosed funds. I further certify that this secomplete, true and correct and that I have been trained by the NC state Board of Elections. Ar2								& 22D-2	2M of Chapter 1	63 of
Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Employee: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Employee: BRUNSWICK COUNTY BOARD OF ELECTIONS Please Note: This form cannot be used to amend committee information such as the committee address treasurer assistant to the committee address treas								I further	certify that this r	eport
Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Date Entered: Employee: BRUNCWICK DUNTY BOARD OF ELSCHIONS Please Note: This form cannot be used to amend committee information such as the committee address treasurer essistant to the committee address treasurer essi	FAREN	145161141		X	Y	Je	legions.	1.7	21.1/2	
Date Received: Date Postmarked: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Data Entered: Employee: Employee: BRUNCWICK DUNITY BOARD OF BLECTIONS Please Note: This form cannot be used to amend committee information such as the committee address treasurer essistant to			L	Si	guature of	Appoint	ed Treasurer			_
Date Postmarked: Date Scanned: Employee: Date Scanned: Employee: Date Data Entered: Employee: Employee: BRUNCWICK COUNTY BOARD OF ELECTIONS Please Note: This form cannot be used to amend committee information such as the committee address treasurer essistant to		LY		-		6.44				
Date Postmarked: Date Scanned: Employee: Date Data Entered: Employee: Employee: BRUNCWICK COUNTY BOARD OF ELECTIONS Registered Mail Hand Delivered Electronically File Signer has not rec mandatory training	Date Received:		Er	mployee:						
Date Scanned: Date Scanned:	Date Postmarked:		F	lovea						
Date Scanned: Date Data Entered: Employee Employee BRUNCWICK COUNTY BOARD OF ELECTIONS Electronically File Signer has not rec mandatory training Please Note: This form cannot be used to amend committee information such as the committee address treasurer essistant to		***************************************	l.i.	npioyee		AN 2	Tonic			
Date Data Entered: Employee BRUNSWISK COUNTY mandatory training Please Note: This form cannot be used to amend committee information such as the committee address treasurer essistant to	Date Scanned:		Er	mployee:	Un Un	N -	I ZUID	Elec	ctronically Filed	
Please Note: This form cannot be used to amend committee information such as the committee address treasurer assistant to	Data Data Entered				BRI	LACK TO	L			ved
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant to	Date Data Entered.		En	nployee	BOA	AD OF F	ELECTIONS	man	idatory training	
custodian of books information or account information	Place Nate This f	Community and to anno								
The state of the s	TARDA TIARA TIMA TA	ym cannot be used to amen custodian	of books	ittee informatic	nation sur	ch as tr count ir	he committee address	s, treasur	er, assistant treas	surer,

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)

Amendment
Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Repo	rt	3. ID Number		
Committee to Elect Karen Mosteller for Southport Alderman	Semi-Annual Year End		QDF21Z		
Start of Election Cycle: January 1,	2015	Total this	Total this		
4) Cash on Hand at Start		Reporting Period	Election Cycle		
RECEIPTS		\$ 500.00	\$ 500.00		
5) Aggregated Contributions from Individuals	(600 100				
6) Contributions from Individuals	(CRO-1205)		\$		
7) Contributions from Political Party Committees	(CRO-1210)		\$ 3102.22		
8) Contributions from Other Political Committees	(CRO-1220)	-	\$		
9) Loan Proceeds	(CRO-1230)		\$		
	(CRO-1410)	\$	\$		
0) Refunds/Reimbursements To the Committee1) Other Receipt Sources	(CRO-1240)	\$	\$		
11a) Interest on Bank Accounts					
	(CRO-1250)	\$	\$		
Tont Organization	ns <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	s		
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$ 394.87	\$ 3102.22		
<u>XPENDITURES</u>			7 3102.22		
3) Disbursements			1 2000		
13a) Operating Expenditures	(CRO-1310)	\$ 50000	\$ 50000		
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
) Loan Repayments	(CRO-1420)	\$			
Refunds/Reimbursements From the Committee	(CRO-1320)		\$		
In-Kind Contributions	The state of the state of	\$	\$		
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 10	(CRO-1510)	\$ 394.87	\$ 3102.22		
Cash on Hand at End (Add lines 4 and 12 together the mark	6 and 17)	\$ 394.87	\$ 3102.22		
Cash on Hand at End (Add lines 4 and 12 together, then subtrace DITIONAL INFORMATION	t line 18)	\$ -500.00 (En) C	\$ -500.00 (6)		
Non-Monetary Gifts Given to Other Committees	(CDO 1000) [
Outstanding Loans (incl. ones from other campaigns)		\$			
Mark the state of		\$			
Debts and Obligations owed By the Committee	(CRO-1610)	\$			
Debts and Obligations owed To the Committee	(CRO-1620)	\$			
Account Transfers Within the Committee	(CRO-1720)	S			
Administrative Support	(CRO-1710)	6	\$		
Forgiven Loans	(CRO-1440)	B	\$		
48-Hour Notice Reports Sum	(CRO-2200)				
Contributions to be Refunded	(CRO-1215)		\$		

OUL		MI THOUAINING			P	g l	of		es N
Use th	is form to report inc	dividual contributions	over \$5	0 or cont	ributions un	der \$50 if form C	RO 1205 is	not used	
		(and Fund if application					2. ID N	umber	
-		Mosteller for Southp	ort Alde	erman				QDF212	Z
-	tributor Informat			Add	R	emove			
	iame, Mailing Address de city, state, & zip)	& Phone			itle/Professio		d. Comm	ents	
	Mosteller				ectural Rev	riew			
	Atlantic Avenue			Coord			_		
	ort, NC 28461				oyer's Name/S lead Associ		_		
1 1	,			Dalu	1cau Associ	auon	- 101 - At -	0	
							c. Flection	Sum to Date	
f. Prior		T					\$	2652.22	
I. FFIOR	g. Account Code	h. Form of Payment		Kind Descri		j. Date (mm/dd/)	ууу)	k. Amoun	t
	KEM	Mastercard	New	spaper A	d	10/28/	2015	\$	258.87
	KEM	Mastercard	New	spaper A	d 	11/11/	2015	\$	136.00
2 0			<u></u>					\$	
	ributor Informatio			Add		move			
	eme, Mailing Address & e city, state, & zip)	R Phone		b. Job Ti	tle/Profession		d. Comme	nts	
(· city, state, et zep)								
				c Employ	yer's Name/Sp		-		
				c. Diapio	ci s i annosi	ectife Field	1		
							e. Election	Sum to Date	
								Sam to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Descrip	tion	j. Date (mm/dd/y)	\$	1	
				- Descrip		J. Date (mm/do/y)	уу)	k. Amount	
П		 	 					\$	
$\overline{\Box}$							·	\$	
3. Contr	ibutor Information	1		Add	Dom:			\$	
	ne, Mailing Address &		<u> </u>		Ren	iove	d C		
	city, state, & zip)				OT TOTAL STORY		d. Comment	18	
			-	c. Employe	r's Name/Spe	cific Field			
							e. Election S	um to Date	
							\$		
Prior	g. Account Code	h. Form of Payment	i. In-Kin	d Descripti	on	j. Date (mm/dd/yyy	y)	k. Amount	
ᆜ								\$	
ᆜ								\$	
								\$	
-	only this Page						\$		394.87
	of ALL CRO-1						•		204.00
(This line	must be on line 6 of De	tailed Summary Page CR(D-1100)				\$		394.87

Contributions to be Reimbursed Use this form to report Contributions of \$1,000 or less Reimbursements must be disclosed on the Refunds/Rei	to be reim	bursed witents Form (hin 7 dav	Pg 1	of	Amendment Yes No
1. Committee Full Name						2. ID Number
The Committee to Elect Karen Mosteller						QDF21Z
for Southport Alderman						(
3. Contributor Information		Add		Remove	,	
Full Name & Mailing Address of the Payee		Full N	ame & N	failing Addre	ess of t	he Reimbursee
(the original vendor) Karen Mosteller		(the p	erson to	whom the can	npaigr	check is written)
310 N. Atlantic Avenue			Moste			
				tic Avenue		
Southport, NC 28461			port, N	C 28461		•
a. Contribution Description	b. D	ate (mm/dd	уууу)	c. Credit Ca	rd Y/N	d. Amount
\$500 donation to open Campaign						
checking account at BB&T		13/2015		N		\$ \$500.00
3. Contributor Information		Add		Remove		
Full Name & Mailing Address of the Payee		Full Na	me & M	ailing Addre	ss of th	ne Reimbursee
(the original vendor)		(the pe	rson to w	hom the cam	paign	check is written)
a. Contribution Description 3. Contributor Information	6. 17	ate (mm/dd/)	<u>(УУУ)</u>	c. Credit Car	nd Y/N	d. Amount
		Add				
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)				
a. Contribution Description	b. Da	te (mm/dd/y	(YYY)	c. Credit Can	d Y/N	d. Amount
						\$
3. Contributor Information		Add		Remove		
Full Name & Mailing Address of the Payee		Full Nar	ne & Ma	iling Address	of the	Reimbursee
the original vendor)		(the per	on to wh	om the camp	aign c	heck is written)
. Contribution Description	b. Date	e (mm/dd/yy	уу)	c. Credit Card	Y/N	d. Amount
						\$
. Total only this Page			-		S	500.00
. Total of ALL CRO-1215 Pages						
(This line goes in line 28 of Detailed Summary Page CRO-1100)					\$:	500.00
PO-1215		-				

Use this form to report non-monetary contributions,	donations	anuq	le or ger	Pg of	of	Yes No
Use CRO-1215 if In-Kind Contributions were or wil	ill be refunde	ed w	ithin 7 c	Aces provided to a	the con	nmittee or fund.
1. Committee Full Name (and Fund if applicable)					2. 1	D Number
Committee to Elect Karen Mosteller						QDF21Z
for Southport Alderman						
3. Contributor Information Add a. Full Name, Mailing Address & Phone			move		1	
a. run Name, waning Address & Phone (include city, state, & zip)		D		f Contributor	e. Co	omments
Karen Mosteller				ndividual andidate		
310 N. Atlantic Avenue		15		andidate arty		
Southport, NC 28461		17	I PA	•		
• 7		IF		eferendum	d. El	lection Sum to Date
			_	ther Receipt Source	\$	2652.22
e. Description				f. Date (mm/dd/yy	vvv)	g. Fair Market Amount
Newspaper Ad						
				10/28/201	.5	\$ 258.87
Newspaper Ad				11/11/201	15	\$ 136.00
						\$
3. Contributor Information Add		Rem	nove			
a. Full Name, Mailing Address & Phone				Contributor	c. Co	mments
(include city, state, & zip)				lividual	-	mating
		10	Car	ndidate		
			Part	•		
			PAC			
			=	ferendum	d. Ele	ection Sum to Date
			Oth	ner Receipt Source	\$	
e. Description				f. Date (mm/dd/yy)	уу)	g. Fair Market Amount
						\$
						\$
						\$
3. Contributor Information Add		Remo	70/0		J	
a. Full Name, Mailing Address & Phone				Contributor	c. Com	
(include city, state, & zip)				vidual	Co Cigno	iments
				didate		
			Party			
			PAC	-		-N)
				erendum	d. Elec	tion Sum to Date
			Other	er Receipt Source	\$	
e. Description				f. Date (mm/dd/yyy)	y)	g. Fair Market Amount
						\$
						\$
						\$
. Total only this Page					\$	394.87
. Total of ALL CRO-1510 Pages						
(This tine must be on line 17 of Detailed Summary Page CRO-11	100)				\$:	394.87

In-Kind Contributions

Amendment

The state of the s	m to update information		-			
1. Committee Info	rmation					
a. Full Name						c. ID Number
	t Karen Mosteller for South	port Alderman	Ł.			QDF21Z
b. Mailing Address (inc 310 N. Atlantic Av	clude City, State and Zip Code)					d. Date Filed
Southport, NC 284	· -					10/21/2015
						e. Phone Number
						910-833-2633
2. Report Year	3. Period Start Date (mm/	MOGNYVI I	Period End D n/dd/yy)	ate	5. Treasurer Fu	
2015	9/28/2015		10/19/2015		Karen Elaine M	
6. Type of Committee		9. Type of I	Report (ort from one category)
Candidate Campa		Municipal		State/C		Referendum
Independent			nizational		Organizational	Organizational
Expenditure	Joint Fundraiser		/-five day	,	Quarterly	Pre-referendum
Legal Expense Ft 7. Type of Fund		Dra.r	•			
"Booster Fund"	(if applicable, check one)	Pre-pr	-		First	Final Symplemental Final
Building Fund		Pre-cle		H	Second Third	Supplemental Final Annual
_		Semi-			Fourth	Special
- 0 0	10000	<u> </u>	Mid Year		Semi-annual	
Other: CAY	MPAIGN		Year End		Mid Year	10. Special Report Name
O No Arm of Franch	40.0				Year End	
8. Number of Funda		Specia	1		Final Special	
11. Account Inform	0 nation		11 A		Special	
a. Pinancial Institution F					Information itution Full Name	
BB&T	\$650 A 100 Con V			ACIAI Phone	IVIUS FUI I TAME	
b. Purpose	c. Account Code		b. Purp	D080		c. Account Code
Campaign	KE	.M				
	d. Period Begin Balance	e				d. Period Begin Balance
	\$ 500.00					\$
CERTIFICATION					~ 1 ***** ***	
certify that the Com	mittee or Fund is in compli	ance with all a	pplicable pro	visions o	of Article 22A, 22F	B, & 22D-22M of Chapter 163 of
me NC General Statu	ites and that no funds are co	ommingled with	h prohibited 6	riother n	non-disclosed finds	ls. I further certify that this report
is complete, true and	correct and that I have been	trained by the	NO State Bo	and of El	lections.	1-1-
MEST	Printed Name of Signer	/	induture		ed Dreasurer	10 21 15
FOR OFFICE USE ON			biBbdmok	ГАфрони	A Vicasurer	Date
Date Received:		Emplo	yee: The F	C	ELVEN	Delivery Method Normal Mail
Date Postmarked	:	Emplo	yee:			Registered Mail Hand Delivered
Date Scanned:		Emplo	yee:	Con.	1200	Electronically Filed Signer has not received
Date Data Entered	d:	Emplo	Wee:	BRUNSV	WICK OF THE S	mandatory training

Amendment
Yes

Amendment

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Committee to Elect Karen Mosteller for Southport Alderman			QDF21Z
	2015	Total this	Total this
	2015	Reporting Period	
4) Cash on Hand at Start		\$ 500.00	\$ 500.00
RECEIPTS	(CRO-1205)	\$	Ts .
5) Aggregated Contributions from Individuals	(CRO-1203)	\$ 1024.28	\$ 2707.35
6) Contributions from Individuals		\$ 1024.28	\$ 2707.33
7) Contributions from Political Party Committees	(CRO-1220)		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
1) Other Receipt Sources 11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
			\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11	d and 11e)	\$ 1024.28	\$ 2707.35
EXPENDITURES	-4		
3) Disbursements	(000 1310)	•	•
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$ 1024.28	\$ 2707.35
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	s and 17)	\$ 1024.28	\$ 2707.35
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 500.00	\$ 500.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contr	ibutions fro	m Individuals		De .	1 of		Amendment Yes	No.
	7.02		over \$50	Pg or contributions unde		O 1205 is no		<u> </u>
1. Comn	ittee Full Name	(and Fund if applica	ble)			2. ID Nun	nber	
Committ	ee to Elect Karen	Mosteller for Southpo	rt Alde	rman			QDF21Z	
3. Contr	ibutor Informati	on		Add Rem	ove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Architectural Revie	w			
Karen M				Coordinator c. Employer's Name/Spe	nife Field			
310 N. Atlantic Avenue Southport, NC 28461			Bald Head Associat					
Boumpor	, 110 20 101			7 .		e. Election S	Sum to Date	-
				•		\$	2257.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	KEM	Mastercard	Cam	npaign Signs	10/12/20	015	\$	447.40
	KEM	Mastercard	New	spaper Ad	10/14/2	2015	\$	76.50
	KEM	Mastercard	New	spaper Ad	2015	\$	250.38	
3. Contr	ibutor Informatio	on		Add Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment		
	city, state, & zip)			Marketing Advisor/	Donated 2			
Jane Balo	lridge lantic Avenue			Graphic Designer c. Employer's Name/Spe	eific Field	of graphic	3	
	t, NC 28461			Artspeaks	ciic riciu	created 2	ads	
Coumpon	, 110 20 101			Freelance Graphic I	Design	e. Election S	Sum to Date	
						\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	/yyyy) k. Amount		
	KEM	In Kind	Grap	ohic design	10/14/2015		\$	100.00
	KEM	In Kind	Grap	phic design	10/19/2	2015	\$	100.00
							\$	
	ibutor Informatio			Add Rem	ove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	refreshments	
	city, state, & zip)			Real Estate Broker		for meet		
Pam Rain	na View Drive			c. Employer's Name/Spe	cific Field	101 meet	ac groot	
	L NC 28461			Atlantic Realty				
•				Professionals/		e. Election S	ium to Date	
				Real Estae Sales		\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Gind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	KEM	In Kind	Refreshments		10/18/20	015	\$	50.00
							\$	
							\$	
4. Total	only this Pag	e				\$		1024.28
5. Total	of ALL CRO	-1210 Pages				\$		1024.28
(This line	a muset ha on line 6 of	Detailed Summers Page (PALIM	2)		Ф		1027.20

1 Committee Pall Name (1 H 110 11 11	ll be refund				2 7	N. Marana la arra		
1. Committee Full Name (and Fund if applicable))				2. 11	O Number		
Committee to Elect Karen Mosteller for Southport Alderman						QDF21Z		
3. Contributor Information Add		Remov	ρ					
a. Full Name, Mailing Address & Phone	— Ц.			Contributor	Te Co	mments		
(include city, state, & zip)		1 1 1		ividual	1.00	mitties		
Karen Mosteller				didate				
310 N. Atlantic Avenue		Party						
Southport, NC 28461				Ź	20.			
			Ref	erendum	d. Ele	ection Sum to Date		
			Other Receipt Source		\$	\$ 2257.35		
e. Description				f. Date (mm/dd/y	ууу)	g. Fair Market Amount		
Campaign Signs (100)		10/12/201	5	\$ 447.40				
Newspaper Ad (1)				10/14/201	15	\$ 76.50		
Newspaper Ads (2)				10/19/201	.5	\$ 250.38		
3. Contributor Information Add		Remove	e					
a. Full Name, Mailing Address & Phone		b. Ty	pe of C	Contributor	c. Co	mments		
(include city, state, & zip)		X	Indi	vidual	Don	nated 2 hours		
Jane Baldridge		Can		didate	of graphic			
P.O. Box 10932				•		time		
Southport, NC 28461			PAC Referendum		created 2 ads			
					d. Election Sum to Date			
			Oth	er Receipt Source	\$	400.00		
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
Designed and provided finished artwork for newspaper ad				10/14/201	5	\$ 100.00		
Designed and provided finished artwork for newspaper ad				10/19/201	5	\$ 100.00		
						\$		
3. Contributor Information		Remove			,	1		
a. Full Name, Mailing Address & Phone				Contributor		mments		
(include city, state, & zip)				vidual	1	vided		
Pam Rainey				didate		eshments		
318 Marina View Drive			Party PAC		1	neet &		
Southport, NC 28461		니님			gree			
			Referendum Other Receipt Source		d. Election Sum to Date \$ 50.00			
e. Description				f. Date (mm/dd/yy)		<u> </u>		
Provided refreshments								
for meet & greet gathering				10/18/201:		\$ 50.00		

CRO-1510

4. Total only this Page
5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$ \$ 1024.28

1024.28

		om Individuals			Pg <u>1</u>	of <u>1</u>	Amendm	ent es	
1. Com	s form to report in	ndividual contributions e (and Fund if applie	s over \$	50 or contributions u	nder \$50 if form C	the second named in column 2 is not the owner, the column 2 is not	of the latest devices in which the latest devices in the latest de		
1						2. ID N	lumber		
		n Mosteller for South	port Ald	lerman			QDF21Z	y	
	tributor Informa			Add R	Remove				
	ame, Mailing Addres	s & Phone		b. Job Title/Profession	on	d. Comm	nents		
	de city, state, & zip)			Architectural Re	view				
,	Mosteller			Coordinator					
	Atlantic Avenue ort, NC 28461			c. Employer's Name/					
ооширс	71, 14C 20401			Bald Head Assoc	ciation				
						e. Electio	n Sum to Date		
						\$	774.28		
f. Prior	g. Account Code	h. Form of Payment	i. In-	-Kind Description	j. Date (mm/dd/	уууу)	k. Amount	t	
	KEM	Mastercard	Car	mpaign Signs	10/12/		\$	447.40	
	KEM	Mastercard	Net	wspaper Ad	10/14	/2015	\$	76.50	
	KEM	Mastercard	Nev	ewspaper Ad 10/19/2		/2015	\$	250.38	
	ributor Informati			Add 🔲 Re	emove				
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents		
Jane Bale	e city, state, & zip)			Marketing Adviso			d 2 hours		
	tlantic Avenue			Graphic Designer		of graphic			
	rt, NC 28461			c. Employer's Name/S	Specific Field	time			
	,,,,,,			Artspeaks Freelance Graphic	n Design	created ?			
				riceiance Grapnic	Design	e. Election	Sum to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	 ууу)	k. Amount		
	KEM	In Kind	Grap	phic design	10/14/2	015	\$	100.00	
	KEM	In Kind	Grap	phic design	10/19/2	2015	\$	100.00	
							\$		
	ibutor Informatio			Add Rei	move				
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Commen			
Pam Rain				Real Estate Broker			l refreshments		
	na View Drive			a Employeeta Nama 6		for meet	& greet		
	, NC 28461			c. Employer's Name/Sp Atlantic Realty	pecific Field	-			
•	,			Professionals/		a Ela-41	S		
				Real Estae Sales		e. Liection	Sum to Date		
Prior	g. Account Code	h. Form of Payment	1 1- 1/2		T	\$	50.00		
= 1	KEM			ind Description	j. Date (mm/dd/yy)		k. Amount	- 12	
	KEM	In Kind	Refre	eshments	10/18/20)15	\$	50.00	
							\$		
	only this Page						\$		
	of ALL CRO-					\$		1024.28	
		etailed Summary Page CR	20_110a			\$		1024.28	

CRO-1210

NC State Board of Elections

April 2007

Use this form to report non-monetary contributions, donations, guse CRO-1215 if In-Kind Contributions were or will be refunded.	goods or serv	vices provided to the	he con	1 Yes Monmittee or fund.
1. Committee Full Name (and Fund if applicable)	30 WILLIAM / GO	ays.	121	D Number
Committee to Elect Karen Mosteller			Z. RE	D Number QDF21Z
for Southport Alderman				QDI'Z1Z
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone		Contributor	c. Co	omments
(include city, state, & zip) Karen Mosteller		dividual		
310 N. Atlantic Avenue		ndidate		
Southport, NC 28461	Part PAC	•		
		ferendum	d. El	ection Sum to Date
		her Receipt Source		
		or reverb	\$	774.28
c. Description Campaign Signs (100)		f. Date (mm/dd/yy)	/уу)	g. Fair Market Amount
Campaign Signs (100)		10/12/2015		\$ 447.40
Newspaper Ad (1)		10/14/2015	.5	\$ 76.50
Newspaper Ads (2)	10/19/2015		\$ 250.38	
3. Contributor Information Add	Remove			φ 200.00
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	Cor	mments
(include city, state, & zip)		vidual	_	mments nated 2 hours
Jane Baldridge		didate	1	raphic
P.O. Box 10932	Party		time	
Southport, NC 28461	PAC			ted 2 ads
		erendum		ction Sum to Date
	Other	er Receipt Source	\$	200.00
e. Description		f. Date (mm/dd/yyy)	/y)	g. Fair Market Amount
Designed and provided finished artwork for newspaper ad		10/14/2015		\$ 100.00
Designed and provided finished artwork for		10/1-11-02-2		\$ 100.00
newspaper ad		10/19/2015		\$ 100.00
				\$
3. Contributor Information Add R	Remove			
a. Fuli Name, Mailing Address & Phone	b. Type of Co		c. Comn	
(include city, state, & zip) Pam Rainey	Individ		Provid	
318 Marina View Drive	Candid			shments
Southport, NC 28461	Party PAC		for me	
Soumpord the 20 for	1 ==		greet	tion Sum to Date
	I ===	Receipt Source		
: Description				50.00
Provided refreshments		f. Date (mm/dd/yyyy)	<u>'</u> '	g. Fair Market Amount
for meet & greet gathering		10/18/2015		\$ 50.00
				\$
				\$
i. Total only this Page i. Total of ALL CRO-1510 Pages			\$ 1	1024.28
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1	1024.28

In-Kind Contributions

Use this form to report non-monetary contributions, dor Use CRO-1215 if In-Kind Contributions were or will be	nations, good be refunded w	is or servi	ices provided to t	the com	emittee or fund.
1. Committee Full Name (and Fund if applicable)	D 1015	. Leaves	<i>y</i> 3.	72. II	D Number
Committee to Elect Karen Mosteller				40.	QDF21Z
for Southport Alderman					An. 21-
3. Contributor Information Add	Re	move			
a. Full Name, Mailing Address & Phone	L	b. Type of C			omments
(include city, state, & zip)		✓ Indiv	lividual	1	nated 2 hours
Jane Baldridge		Can	ndidate	of m	narketing
P.O. Box 10932 Southmost NC 28461		Party		and	graphic
Southport, NC 28461	i,	PAC		time	
			ferendum	d. Ele	ection Sum to Date
	L	Oute	er Receipt Source	\$	200.00
e. Description			f. Date (mm/dd/y)	ууу)	g. Fair Market Amount
Designed and provided finished artwork for printed materials			9/4/2015		\$ 200.00
					, S
	^				\$
3. Contributor Information Add	Rer	move			
a. Full Name, Mailing Address & Phone	The state of the s	o. Type of Co	'ontributor	c. Cor	mments
(include city, state, & zip)			vidual	-	Amenus
		=	didate		
	1	Party			
		PAC			
			rendum	d. Ele	ection Sum to Date
		Other	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	/yy)	g. Fair Market Amount
					\$
					\$
					\$
3. Contributor Information	Rem	love			
a. Full Name, Mailing Address & Phone		Type of Co	entributor	c. Com	ments
(include city, state, & zip)		Indivi			III- III-
		Candid	**		
		Party	,		
		PAC			
		_	rendum	d. Elec	tion Sum to Date
		Other '	Receipt Source	\$	
e. Description			f. Date (mm/dd/yyy	(y)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page 5. Total of ALL CRO-1510 Pages					200.00
(This line must be on line 17 of Detailed Summary Page CRO_1100)	AL.			\$	1678.07

In-Kind Contributions